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REPORT OF THE EXECUTIVE DIRECTOR FOR 2001: THE MULTI-YEAR FUNDING FRAMEWORK*

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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EXECUTIVE SUMMARY

1. This is the second report on the implementation of the UNFPA multi-year funding framework (MYFF). It reviews the Fund's key contributions in assisting countries to achieve International Conference on Population and Development (ICPD) goals and the Millennium Development Goals (MDGs). Three of the eight MDGs form an integral part of the MYFF: improve maternal health; combat HIV/AIDS; and promote gender equality and empower women. A fourth, to reduce child mortality, is implicit in the other three. Clearly, achieving these four MDGs is integral to the MYFF reproductive health goal.

2. The MYFF has two central components: a results framework and an integrated resources framework. The results framework sets out three long-term goals for UNFPA: (a) all couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life; (b) there is a balance between population dynamics and social and economic development; and (c) gender equality and empowerment of women are achieved. The MYFF specifies outputs for each of these goals, provides indicators to measure progress, and identifies the strategies by which resources are deployed to achieve results. The integrated resources framework provides the basis for UNFPA efforts to mobilize the financial resources that are needed to achieve those results.

3. Results framework. The report is based on information provided in annual reports from all UNFPA units. It gives evidence of progress made by the Fund in 2001 in attaining MYFF results and analyses progress registered by countries for six outputs enumerated in Chart 1 and the annex. It also analyses the effectiveness of the four principal and mutually reinforcing strategies that are used to attain these results – advocacy; strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships.

4. The Fund chose to base the reporting on actual data available at the country level rather than on a self-assessment. Data availability has improved, with an increased number of countries establishing baselines for new country programmes, tracking down available data, and working with national partners and other development agencies to establish new data sources. Despite this progress, there are still problems with the availability, accuracy and comparability of data, and many country offices find it difficult to report progress on an annual basis. The data also vary according to output. Data for reproductive health outputs are generally more readily available than data for population and development outputs. Data for gender outputs are particularly hard to come by.

5. The annex to the report provides a wealth of analytical information and *should be read as an integral part of the report*. Specifically, the annex provides, in tabular form, a rich analysis of the key activities, achievements, and constraints and lessons learned for each MYFF output.

6. Resources framework. The report gives an update of the income estimates for the period 2000-2003, as well as how these resources will be utilized and distributed. It documents the declining share of regular resources and the increasing share of other resources, a trend that heightens the unpredictability of funding available for implementing country programmes and achieving results. The report shows the effect the decline in resources could have on UNFPA programming.

7. Managing for results. A survey among UNFPA country offices shows that there has been a discernible move towards building a culture of results-oriented performance within the Fund and with national partners. The report shows increased capacity in programme management and improved partnership with national counterparts at all stages of programming. There is still considerable progress to be made, especially in strengthening strategic planning, monitoring and evaluation. The Fund has identified barriers to information and financial resource management and launched new initiatives to improve information sharing and financial monitoring. In 2001, UNFPA began a transition process. Its central components are to develop a common strategic direction and to build the organization's capacity to think and plan strategically. It recognizes that the development of a new human resources strategy and improved competencies will be crucial to achieving MYFF results.

8. Key considerations. The report concludes with a review of key considerations for the future implementation of the MYFF. The focus on partnerships to achieve shared results in the context of country-led policy and planning frameworks may in some circumstances lead to greater emphasis on joint outcomes, rather than on individual agency outputs, and to some modification of the MYFF framework. The successful implementation of the MYFF and ICPD Programme of Action will also require more attention to the cultural context in which the Fund works, including consolidated efforts to increase gender equality and women's empowerment. While the MYFF has been a catalyst in improving results-based management in the Fund, there is still a long way to go. A major challenge that must be addressed by UNFPA and all of its partners is the serious lack of adequate and reliable data and effective data management at all levels. Also, the MYFF has not increased core resources and only partially succeeded in attracting multi-year pledges, both of which were *the* main purposes of the MYFF as set forth in decision 98/24. This is an issue that UNFPA requests the Executive Board to urgently address, as it will be impossible to achieve progress towards expected results without an increase in resources, and in particular in core resources.

I. INTRODUCTION

9. This report has been prepared in response to Executive Board decision 2000/9. It reviews the Fund's key contributions in assisting countries to achieve ICPD goals and the MDGs. Section II presents progress made by UNFPA in 2001 in achieving MYFF goals and outputs, and analyses the strategies used to achieve them. This section consists of two subsections: the results

framework; and the integrated resources framework. Section III focuses on managing for results and highlights efforts undertaken in the areas of programme management; information management; financial resources management; and human resources management. Section IV delineates key considerations for future implementation of the MYFF. The annex provides, in tabular form, an analysis of the key activities, outputs, and constraints and lessons learned for each MYFF output.

II. IMPLEMENTING THE MYFF

A. Results framework

10. This section presents the progress made by the Fund in 2001 towards the achievement of MYFF goals and outputs, and analyses the strategies used to achieve them. Based on the 2000 MYFF situation analysis, the Fund adjusted the MYFF results framework to more accurately capture its support in programme countries. Two goal indicators – *contraceptive prevalence rate* and *proportion of population whose income is less than $1 a day* – were added to reflect UNFPA contribution to the MDGs and ICPD goals. The revisions are shown in italics in the MYFF results framework in chart 1. Eight of the MYFF goal-level indicators correspond to the MDG indicators, as shown in chart 1. UNFPA is using international sources, where available, to monitor goal level indicators. The sources are the same as for MDG indicators, when in common with the MYFF (see also last year's MYFF report, document DP/FPA/2001/4/Part II, particularly annex 1, which provides benchmarks and international sources).

11. The MYFF outputs are the most common outputs of UNFPA country programmes. They are not meant to be exhaustive, but to leave countries the flexibility to respond to national priorities and to new situations and opportunities as they arise. This means that the following analysis of MYFF outputs and indicators does not include all the deliverables of UNFPA country programmes, although the 13 new country programmes beginning in 2001 were in general accord with the MYFF framework. Despite a marked improvement in data availability for most MYFF output indicators as evidenced by the increase in the number of countries reporting on them, the number of new baselines and new data sources and methodologies for data collection, the lack of reliable and timely data continues to hinder the monitoring of many indicators. UNFPA will continue to invest in this area, with the consideration that monitoring efforts should strengthen national data systems, rather than create parallel and non-sustainable tracking systems useful only for the Fund's reporting.

Goal 1. All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

12. Income poverty is a determinant of other aspects of poverty, such as lack of reproductive choice, malnutrition, communicable diseases, and inadequate access to education and reproductive health information and care. Poor reproductive health, including early and

Chart 1 - MYFF 2000-2003 Results Framework* — UNFPA Goals, Outputs, Indicators and Strategies

Goals	Goal Indicators[1]	Outputs	Output indicators[2]
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life	Unmet need for family planning *Contraceptive prevalence rate* **Maternal mortality ratio** **Proportion of births assisted by skilled attendants** Adolescent fertility rate[3] **HIV prevalence in persons aged 15-24[4]** **Infant mortality rate** National mechanisms to monitor and reduce sexual violence	(i) Increased availability of comprehensive reproductive health services	(a) Percentage of service delivery points (SDPs) offering at least three of the following reproductive health services: - Modern family planning methods; - Maternal health, assisted delivery, and essential and emergency obstetric care; - Prevention and management of RTIs, including STIs, and prevention of HIV/AIDS; - Management of the consequences and complications of unsafe abortion; - Information, education and counselling on human sexuality and reproductive health, including family planning (b) Percentage of SDPs offering information, education, counselling and services to adolescents[5]
		(ii) Improved quality of reproductive health services	(a) Percentage of SDPs offering at least three modern methods of contraception (b) Percentage of SDPs providing quality RH services in accordance with established protocols[6]
		(iii) Improved environment for addressing practices that are harmful to women's health	(a) National policy in place to address harmful practices
(2) There is a balance between population dynamics and social and economic development	(a) *Proportion of population whose income is less than $1 a day* (b) Life expectancy at birth by sex (c) Annual population growth and GNP per capita growth rates	(iv) National development plan and sectoral plans in line with ICPD Programme of Action	(a) Intersectoral mechanisms to review development and sectoral plans (b) Number of government officials who have attended learning programmes addressing gender issues
		(v) Increased availability of sex-disaggregated population related data	(a) National database of sex-disaggregated population-related data, with plans to update at regular intervals
(3) Gender equality and empowerment of women are achieved	(a) **Gender gap in net enrolment rates at the primary and secondary level** (b) Adult female literacy rate (c) **Proportion of women parliamentarians**	(vi) Increased information on gender issues	(a) Percentage of primary and secondary schools that have adopted gender-sensitive RH curricula (b) Number of information materials on gender issues targeted specifically to men
Strategies Advocacy - Strengthening National Capacity - Building and Using a Knowledge Base - Promoting, Strengthening and Coordinating Partnerships			

* Revised to take account of the MYFF Situation Analysis (shown in italics) and to indicate relevant Millenium Development Goal and Indicators (shown in bold)

[1] For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.
[2] For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.
[3] United Nations Population Division data on the number of births per 1,000 women aged 15-19 will be used.
[4] UNAIDS data on HIV prevalence in 15-24 year old pregnant women will be used.
[5] Older adolescents between the age of 15-19.
[6] Protocols include minimum standards developed in partnership with WHO.

unwanted pregnancies, childbirth-related disabilities, sexually transmitted infections (STIs), including HIV/AIDS, and the consequences of unsafe abortion can also lead to impoverishment, and trap women into a cycle of poverty. Better health is a central factor in economic growth. This is why UNFPA invests more than two thirds of its resources towards improvement of reproductive health.

13. The Fund's contribution in helping countries to achieve this goal focuses on the following:

(a) Meeting unmet need for family planning. UNFPA is taking a leading role in supporting the development of strategies to ensure global and national reproductive health commodity security. The one-time extra-budgetary $80 million contribution from the Netherlands, the United Kingdom and Canada for reproductive health commodities contributed significantly in 2001 towards improving reproductive health commodity security;

(b) Reducing maternal mortality. UNFPA gives high priority to the reduction of maternal mortality through support to meeting the unmet need for family planning; having skilled attendance and functioning referral systems available to all women; and ensuring timely emergency obstetric care;

(c) Promoting adolescent reproductive and sexual health. UNFPA interventions support reproductive health information and services to prevent unwanted and early pregnancies and STIs, including HIV/AIDS, and to encourage adolescents, especially girls, to participate in decisions which affect their lives;

(d) Preventing HIV/AIDS. The Fund's HIV/AIDS strategy focuses on support to preventing the sexual transmission of HIV through promoting safe sexual behaviour among young people, including abstinence and delayed age of sexual activity; improving access to male and female condoms; and preventing HIV infection among pregnant women and its transmission to children and partners;

(e) Reducing violence against women. The Fund's support for reducing violence against women includes strengthening legal services, community-based interventions and care for abused women; advocacy for law and policy reform; and counselling, reproductive health services, and building life skills for survivors of violence.

Parliamentarians Against Violence

The Asian Forum of Parliamentarians on Population and Development made a major move towards creating an enabling environment for eliminating violence against women (VAW) in East and South-East Asia and the Pacific by organizing, together with UNFPA, a workshop on Parliamentary Advocacy for the Elimination of Violence Against Women in June 2001. Parliamentarians from 14 countries presented evidence of VAW at the family, community and state level, including physical and emotional assault and threats, rape, incest, reproductive coercion, food and medical care deprivation, confinement, forced and early marriage, trafficking, and prostitution. They also suggested legal measures for addressing VAW and follow-up actions that take into consideration the social and cultural milieu that underpins this violence, and constrains efforts to prevent it. It was agreed that the elimination of VAW should be an integral part of the human rights and gender equality agenda in the region.

14. Goal 1 outputs. The MYFF captures three principal outputs related to this goal: (a) increased availability of comprehensive reproductive health services, (b) improved quality of reproductive health services, and (c) improved environment for addressing practices that are harmful to women's health. An illustration of strategies deployed to achieve these outputs, and an analysis of some constraints and lessons learned are provided in the annex. In the second year of the MYFF, demonstration of progress is still limited due to lack of data. The following analysis of progress is based on data provided by country offices.

Table 1 (a) – Status of baselines established for reproductive health services indicators

Output	Indicator	Number of countries that have established baselines	
		2000	2001
Increased availability of comprehensive reproductive health services	SDPs offer at least 3 RH services	45	68
	SDPs offer RH IEC and services to adolescents	23	39
Improved quality of reproductive health services	SDPs offer at least 3 modern methods of contraception	42	71
	SDPs provide quality RH services in accordance with established protocols	19	38

Table 1 (b) – Type of change in indicators for reproductive health services, 2000-2001

Output	Indicator	Number and percentage of countries that reported change in the indicators[1]			
		Positive change	No change	Negative change	Total
Increased availability of comprehensive reproductive health services	Percentage of SDPs offering at least 3 RH services	13 (39%)	14 (43%)	6 (18%)	33 (100%)
	Percentage of SDPs offering RH IEC and services to adolescents	6 (46%)	3 (23%)	4 (31%)	13 (100%)
Improved quality of reproductive health services	Percentage of SDPs offering at least 3 modern methods of contraception	6 (20%)	16 (53%)	8 (27%)	30 (100%)
	Percentage of SDPs providing quality RH services in accordance with established protocols	Insufficient data to interpret change in indicator			

Notes: Total number of countries with a country programme is 90

[1] Includes only countries that provided data for both 2000 and 2001

15. The Fund's interventions focus on increasing the availability of comprehensive reproductive health services at service delivery points (SDPs), with special attention to the needs of adolescents. Table 1 shows an increase in the number of baselines to monitor the percentage of SDPs offering at least three reproductive health services. Some countries with a positive change in this indicator reported a growing national commitment to prioritize reproductive health issues, such as the prevention of maternal deaths, and STIs/HIV/AIDS, especially in sub-Saharan Africa. Other countries pointed to expansion of services, including community-based reproductive health services, to the poor and to groups affected by conflict or natural disasters.

Countries recording no change were mainly those that were sustaining the percentage of service delivery points offering at least three reproductive health services. Rapid turnover and the concentration of health workers in urban centres often impede progress, despite capacity-building investments. A few countries, such as the Central African Republic, reported negative changes in this indicator due to progressive erosion of political, social and economic conditions, while in the case of other countries these were due to changes in data sources as countries sought to improve data reliability and periodicity.

16. The Fund made special efforts to improve adolescent sexual and reproductive health in 2001, primarily through country programmes as well as through intercountry interventions such as the European Commission/UNFPA Initiative for Reproductive Health in Asia, and the African Youth Alliance initiative. Table 1 shows that there has been an increase in the percentage of SDPs offering information, education, counselling and services to adolescents between the ages of 15 and 19, but the small data set does not lend itself to a meaningful analysis of change in this indicator. The need to provide adolescent reproductive health services is still not well established in some countries, and access remains difficult. Many SDPs do not provide all components of information, education, counselling and services covered by this indicator. Countries used various adolescent outreach strategies, such as peer education, workplace education and formal education channels. They also supported the development of specially targeted IEC materials for awareness raising among mass media, religious and political leaders, and partnership with churches to increase support for adolescent reproductive health.

17. In 2001, under a project funded by the United Nations Foundation, UNFPA collaborated with other United Nations agencies, including WHO, UNICEF and ILO, to develop a framework for improving the quality of reproductive health care. This emphasized participatory approaches in creating greater user awareness of reproductive health and rights, and working with providers to make reproductive health services more responsive to users' needs. The Fund gives high priority to ensuring the widest possible range of effective, affordable and accessible contraceptives. The increased number of countries that have established baselines will enable the percentage of SDPs that provide at least three modern methods of contraception to be more closely monitored in future years. Where countries reported negative changes in this indicator, these are mostly attributed to stock outs due to weak logistics management, political instability, and security issues, or a change in data sources. In 2001, the Fund spearheaded the development of a common framework for assessing national capacity to meet reproductive health commodity needs. A series of workshops developed national strategies on supply management, including training, quality assurance and logistics management instruments. This strengthened the response of national logistics policies and systems to demands for contraceptive choice.

18. Good operational policies are crucial to effective service delivery. The number of baselines established for monitoring the percentage of SDPs providing quality reproductive health services in accordance with established protocols increased in 2001. The revision of

integrated reproductive health protocols and the training of service providers in their use enhanced the quality of care. There is still much room for improvement as some countries report that protocols exist, but are not yet in systematic use. In other countries, for example Cameroon, UNFPA took the lead in supporting a minimum set of services to improve the quality of reproductive health care.

19. Although a number of countries took important steps in 2001 to improve the environment for addressing practices that are harmful to women's health, the violation of women's basic rights continues to be a major concern in countries in all regions.

Table 2 – Number of countries reporting existence of, or progress towards establishing, national policy to address practices harmful to women's health

Output	Output indicator	2000	2001	Number of countries developing a policy
Improved environment for addressing practices harmful to women's health	National policy in place to address harmful practices	14	30	7

Notes: Total number of countries with a country programme is 90

20. An increasing number of countries reported the existence of a national policy that promoted women's rights, security or health, as shown in table 2 above. This is the result of advocacy and partnership with cultural, religious and legal gatekeepers to ensure the strengthening of cultural, legal and social norms that do not tolerate abuse of women, and protect and promote women's fundamental human right not to suffer violence. In Kenya, for example, partnerships with United Nations agencies facilitated the implementation and enforcement of a National Plan of Action against the elimination of female genital cutting. To help implement such policies globally, the Fund issued a guide for health care workers to address gender-based violence. Further support for the generation and dissemination of data on violence, and its effects on reproductive health, will help to promote evidence-based policies and programmes and to monitor progress.

Goal 2: There is a balance between population dynamics and social and economic development

21. The global emphasis on poverty reduction makes it imperative for UNFPA to build on its comparative advantage and play a lead role in supporting the analysis of population trends and their implications for social and economic development. UNFPA has a crucial contribution to make in building national capacity to use the resources and tools of the population sciences, including population research, data collection and analysis for: (a) defining unmet needs and demands, especially of the poor; (b) updating population and development trends, including changes in population age structure and distribution; (c) promoting evidence-based advocacy, public awareness and education; and (d) informing the design, monitoring, evaluation and analysis of national and local policies and plans and instruments to alleviate poverty. The complex interrelationship between population dynamics, the environment, social and economic

development, and poverty reduction requires attention not only to population growth, structure and distribution, but also to issues such as women's empowerment, the right to reproductive choice, and the participation of the poor in decision-making.

22. Goal 2 outputs. In 2001, UNFPA allocated about 17 per cent of regular resources for initiatives to ensure that national development plans and sectoral plans are in line with the ICPD Programme of Action, and to increase the availability of sex disaggregated population-related data.

Table 3 – Number of country offices reporting existence of, or progress towards establishing, intersectoral mechanism to review national and sectoral plans

Output	Output indicator	2000	2001	Number of countries developing mechanism
National development plan and sectoral plans in line with ICPD PoA	Intersectoral mechanism to review national and sectoral plans	21	37	8

Notes: Total number of countries with a country programme is 90.

23. During the year, progress was made towards integrating the ICPD Programme of Action into the development of national and sectoral plans as shown in table 3 above, including targeting demographic factors that contribute to a balance between population and social and economic development, and highlighting the impact of reproductive health dimensions, including HIV/AIDS, on development and poverty reduction. Some country offices have supported the development of intersectoral mechanisms at the municipal or provincial level, within the context of decentralization. Other achievements include formulation of national plans of action for the implementation of population policies, and support to government/NGO coordination mechanisms. Sub-Saharan Africa has the lowest percentage of intersectoral mechanisms in place, while they are reported to exist in about half of the countries in the Arab States and Europe region, and Latin America and the Caribbean region. The frameworks for development assistance, including poverty reduction strategy papers (PRSPs), sector-wide approaches (SWAps), and United Nations Development Assistance Framework (UNDAF), provide excellent opportunities for UNFPA to establish partnerships with a wide range of development actors, and to be proactive in integrating population and reproductive health dimensions into national policies and plans, and into the monitoring of the MDGs.

Table 4 (a) – Status of baselines for indicator of the number of government officials who have attended learning programmes addressing gender issues

Output	Indicator	Number of countries that have established baselines	
		2000	2001
National development plan and sectoral plans in line with ICPD PoA	Number of government officials who have attended learning programmes addressing gender issues	15	42

Table 4 (b) – Type of change in the number of government officials who have attended learning programmes addressing gender issues, 2000-2001

Output	Indicator	Number and percentage of countries that reported change in the indicator[1]			
		Positive change	No change	Negative change	Total
National development plan and sectoral plans in line with ICPD PoA	Number of government officials who have attended learning programmes addressing gender issues	4 (45%)	2 (22%)	3 (33%)	9 (100%)

Notes: Total number of country offices with a country programme is 90.
[1] Includes only countries that provided data for both 2000 and 2001.

24. The integration of gender dimensions into planning at various levels of government is a high priority for the Fund. UNFPA has invested in building government capacity in gender analysis with the aim of increasing the emphasis on gender equity and gender perspectives in national development plans and poverty reduction strategies. As shown in table 4, an increasing number of countries reported on the number of government officials who have attended learning programmes addressing gender issues. The Fund recognizes that, while there is a logical link between increased capacity and improved performance, this is essentially an activity-level indicator, and UNFPA will continue to try to identify an indicator that more accurately reflects the expected output, a more gender-responsive planning process.

Table 5 – Number of country offices reporting existence of, or progress towards establishing, national population-related database

Output	Output indicator	2000	2001	Number of countries developing database
Increased availability of sex-disaggregated population-related data	National database of sex-disaggregated population-related data, with plans for update	14	33	8

Notes: Total number of countries with a country programme is 90.
Of the national databases reported to exist, almost 95% planned to be updated at regular intervals.

25. UNFPA has accumulated extensive experience in supporting initiatives to ensure increased availability of sex-disaggregated population-related data that provide gender-sensitive information on the linkages between population dynamics, including migration and age structure, and social and economic development. The Fund's leadership in mobilizing support for population censuses was recognized at the International Expert Group Meeting on population censuses last November. At the country level, the Fund assisted countries in analyzing age, gender and socio-cultural differentials in poverty-affected populations, and in improving the coverage and quality of reproductive health information systems. Some national partners have used sex-disaggregated data to identify the effects of harmful social practices on women and girls. Table 5 shows that more than half of responding countries reported the existence of national sex-disaggregated databases in 2001, while several others reported that they were being developed. The increasing availability of sex-disaggregated population-related data is essential

to ensure that national policies and plans address gender bias, and are able to monitor t differential impact of interventions on men and women.

Goal 3: Gender equality and empowerment of women are achieved

26. Gender inequality has direct consequences on poverty, women's health, education, a social and economic participation, and on keeping women and their children in a cycle poverty. Gatekeepers, such as parents, teachers, and policy makers, often discriminate agai girls in education entitlements. In some cultures, girls' rights to education are violated wh they reach adolescence and enter into early marriage, pregnancy and motherhood. UNF supports advocacy for girl education and provides assistance to develop school curricula that free from gender bias. UNFPA efforts are directed towards providing women with informati and guidance concerning their rights and equipping them with life skills to protect them fr pregnancy and childbirth-related death and disability, STIs/HIV/AIDS, disease, violence, a exploitation.

27. Goal 3 outputs. The Fund contributes to the Secretary-General's System-Wide Mediu Term Plan for the Advancement of Women 2002-2005, specifically through programm addressing reproductive health, adolescents and HIV/AIDS, and violence against wom UNFPA support to build national capacity in promoting gender awareness and fostering gen equality emphasizes the essential role of information, knowledge and awareness in improv policy dialogue, and attitudinal and behavioural changes.

28. Country offices report that UNFPA continues to invest in integrating population a family life education into school curricula to provide secondary school students with the k skills to make informed reproductive health choices, and to eliminate gender stereotypes. T Fund worked with non-formal educators to increase information on sexual health and gen equality provided to out-of-school adolescents. Some countries report introducing populati and family life education at the primary level. The data reported by country offices on t percentage of primary and secondary schools that have adopted gender-sensitive reproduct health curricula, show only a few countries with baselines. This is most likely due to the high specific nature of the MYFF output indicator which does not encourage countries to report on percentage of primary and secondary schools that have adopted broader population curricu The Fund intends to study the data and, if appropriate, adjust the MYFF indicator so as to m accurately reflect UNFPA actions to increase information on gender issues.

29. Men are very often the gatekeepers to political, social and cultural change, making it critical to involve them in improving sexual and

Getting men involved, an experience with the military

Every year, approximately 20,000 young men between the ages of 17 and 21 their obligatory military service in Paraguay. Most of them come from the ru areas and small towns and have never heard the words sexual and reproducti health or gender. UNFPA has supported an initiative that reached out to 12,0 conscripts in 2001. The conscripts increased their knowledge of these issues a the officers acquired the necessary facilitating skills to sustain the training a awareness raising of future generations. The materials developed during t project were incorporated into the regular curricula of military school, where all t new officers are trained.

reproductive health and gender equality. A programming framework and guide to best practices was disseminated to country offices to support the development of initiatives that encourage men's involvement in reproductive health issues, including as partners in promoting gender equality. Few country offices reported on the number of information materials on gender issues targeted specifically to men, yet they do report on capacity-building through workshops, seminars, round-table discussions, and development of material on gender issues. A few countries, mostly in Latin America, have targeted men by sensitizing young men in the armed forces and raising their level of awareness of gender issues. Based on the response to this indicator, the Fund is examining alternative indicators that may be used to monitor progress towards increasing information on gender issues.

Strategies

30. UNFPA pursues its goals and outputs through four principal strategies: (a) advocacy; (b) strengthening national capacity; (c) building and using a knowledge base; and (d) promoting, strengthening and coordinating partnerships. An analysis of these strategies to achieve results, and of constraints and lessons learned is presented in the annex.

31. Advocacy. UNFPA worked to increase the availability and use of comprehensive reproductive health services through extending the range of advocacy efforts with political and community leaders and promoting wide dissemination of IEC materials to the public. This increased service entry points, including for those with special needs, and diversified the range of services. The Fund emphasized a demand-driven and gender-sensitive approach that addresses the special needs of youth, and prioritizes the prevention of HIV/AIDS. To improve the quality of services, UNFPA supported advocacy to increase government contributions to commodity security and ensure minimum standards of service, and to increasing demand for and monitoring of service quality. UNFPA experience has demonstrated that, in addition to technical dialogue with health administrators, there is a need to support social, legislative and policy reforms that promote reproductive health and rights in the broader effort to reduce poverty. The Fund facilitated and played an active role in forging partnerships among concerned parties and supported efforts to build alliances for constructive dialogue, a central element in improving the environment for addressing practices harmful to women. Support to building the advocacy capacity of women's organizations, involving religious and cultural gatekeepers, and opening up public dialogue between government and civil society has made a difference, notably the progress made towards eradicating female genital cutting and other types of gender-based violence. UNFPA recognizes that significant change will require long-term, sustained and multisectoral efforts.

32. The national development frameworks such as PRSPs and SWAps provide an important locus for ICPD advocacy, and UNFPA has used these and other opportunities to integrate population, reproductive health and gender issues into national and sectoral policies and plans.

These efforts can be further strengthened. Effective advocacy needs a strong evidence base, and UNFPA has encouraged governments to give greater attention to sex-disaggregated data, and raised donor support to prioritize these efforts. UNFPA has also supported community-based advocacy focusing on gender issues, but still needs to develop and mainstream more effective strategies to reach men and engage them in gender equality and women's empowerment, as individuals, parents, decision makers, and leaders. The Fund's report on the State of the World Population 2001, Footprints and Milestones: Population and Environmental Change, with its emphasis on the complex and varied links between population, environment and social development, was an important advocacy and information tool at national and global levels.

33. Strengthening national capacity. In 2001, UNFPA allocated approximately two thirds of its country programme resources to strengthening national capacity, essential for increasing the availability and quality of reproductive health services. The Fund has supported needs assessments, for example, in emergency obstetric care, to better focus its capacity-building efforts. Targeted learning programmes have strengthened those reproductive health areas where there is least expertise, and contributed to increasing national partners' outreach to vulnerable groups, such as ethnic minorities, internally displaced people, refugees and rural populations. UNFPA supported the development of a client-friendly service delivery approach in order to improve attitudes as well as technical skills in dealing with such issues as gender-based violence. Capacity-building initiatives sought to strengthen the sustainability of quality services, including a regular flow of contraceptive commodities and effective referral systems. Support to improve management skills included upgrading the capacity to design, develop and manage databases, information and surveillance systems, and building skills in gender planning and analysis. These efforts cannot always keep pace with the constant attrition of skilled personnel and, in some countries, the impact of HIV/AIDS within already weak government services had a disastrous effect on national capacity. In addition to building government capacity, the Fund also sought to strengthen the advocacy and monitoring skills of constituents, so as to increase community involvement and to represent their views on the availability and quality of the services. An in-depth evaluation of UNFPA assistance to developing capacity was conducted in 2001, as reported in DP/FPA/2002/7.

34. Building and using a knowledge base. This strategy is fundamental for UNFPA and national partners to be able to identify priorities, establish expected results, demonstrate and share success, and build on lessons learned. UNFPA has long had a comparative advantage in the collection and analysis of population data and the Fund's support to national sex-disaggregated databases and censuses continues to be a role in which its technical expertise is an important asset. The development of appropriate tools such as the Geo-referenced Information Systems (GIS) for planners, strengthened capability of population research and teaching institutes, and the enhanced statistical and information systems are a few examples of UNFPA contribution to building national capacity. The availability of the requisite data at the right time is crucial for managers, community leaders, policy makers, and planners to take informed

decisions. Certain reproductive health programme areas, such as gender-based violence and male involvement, require special skills in generating and sharing knowledge to enhance the effectiveness of programmes being developed in the field. As a basis for raising awareness and increasing knowledge, UNFPA supported studies, analysis of service records, production of inventories, development of indicators, exploration of knowledge resources available on the Internet, and the timely dissemination and use of the findings of all these activities. Policy makers and programme managers utilized these findings for policy formulation, programme development and monitoring, as well as for advocacy and other interventions.

35. Promoting, strengthening and coordinating partnerships. In 2001, UNFPA actively promoted and strengthened partnerships with United Nations agencies, bilateral agencies, and civil society, including NGOs, in order to enhance country capacity to reach the ICPD goals. Through the United Nations Common Country Assessment (CCA) and UNDAF processes, the Fund moved towards closer partnerships with other United Nations agencies and bilateral agencies in the development of new country programmes. Many countries reported joint development of standards and norms, especially in reproductive health, with UNICEF and WHO. UNFPA has also expanded partnerships with national counterparts, emphasizing the importance of intersectoral collaboration, especially for mainstreaming the gender perspective and fighting the HIV/AIDS pandemic. The emergence of national development frameworks such as PRSPs and SWAps, offer the opportunity for more effective collaboration toward shared results, including to attain the MDGs and ICPD goals. In 2001, the Fund promoted partnerships between governments and NGOs that tapped the experience and knowledge of civil society, especially on sensitive issues such as violence against women, adolescent reproductive health, and HIV/AIDS.

Preventing AIDS, Promoting Partnerships

HIV/AIDS in young people was a taboo subject in Mauritania. Information and education was basically in the hands of civil society, with little government involvement. In 2001, UNFPA played a catalytic role by mustering the additional support of the government, United Nations partners and international NGOs for an HIV/AIDS information-education campaign in public secondary schools. This effort reached 100 per cent of secondary students with an initiative that was sustainable due to the Government's support. It triggered collaboration between ministries, as well as with a youth association that engages in peer education. This created a more favourable environment for HIV/AIDS prevention in the formal and non-formal education system.

36. In the context of decentralization, the Fund supported partnerships between service providers and clients to strengthen the link between supply and demand, and increase the utilization of reproductive health services. Country offices report that partnerships increase the likelihood of success and sustainability of population and reproductive health initiatives. For example, the production of census information, the implementation of reproductive health standards and protocols, and the establishment of mechanisms to stop harmful practices towards women, have been strengthened through joint efforts with governments, United Nations and bilateral development agencies, and NGOs.

B. Integrated resources framework

37. The ICPD estimated that globally $17.0 billion would be required in 2000 and $18.5 billion in 2005 in order to implement programmes in the area of reproductive health, including family planning, maternal health and the prevention of STIs, and HIV/AIDS, as well as basic population data collection and analysis (see also paragraph 13.15 of the ICPD Programme of Action). International population assistance increased from $2.2 billion or almost 2.5 per cent of official development assistance (ODA) in 1999, to $2.6 billion or almost 3 per cent of ODA in 2000 (see document E/CN.9/2002/4, report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development). This represents just over 45 percent of the $5.7 billion target agreed at the ICPD in 1994 as the international community's share in financing the implementation of the ICPD Programme of Action for the year 2000, and indicates an urgent need to step up international assistance for population and reproductive health if the goals of the ICPD are to be met.

38. The MYFF was developed to integrate UNFPA results and resources, with the objective of increasing core resources. In approving the MYFF, the Executive Board, in decision 2000/9, encouraged all countries to assist UNFPA in reaching the projected resource requirement level of $1,434 million for regular and other resources for the period 2000-2003. This section of the report presents an update on income projections, analyses resource utilization towards results, and points to the consequences of the resource shortfall projected in 2002.

1. Update on the income projection, 2000-2003

Table 6 – Update on UNFPA income estimates for MYFF 2000-2003

YEARS	2000-2002 Actual/planned	2003 Projected	2000-2003 Total	
	$M	$M	$M	%
REGULAR RESOURCES				
(1) Original estimate a/	899	395	1,294	100%
(2) Actual/updated estimate b/	791	270	1,061	82%
(3) Gap (2) – (1)	(108)	(125)	(233)	(18%)
OTHER RESOURCES				
(4) Original estimate	105	35	140	100%
(5) Actual/updated estimate b/	293	80	373	266%
(6) Gap (5) – (4)	188	45	233	166%
ALL RESOURCES				
(7) Original estimate (1) + (4)	1,004	430	1,434	100%
(8) Actual/updated estimate (2) + (5)	1,084	350	1,434	100%
(9) Gap (8) – (7)	80	(80)	0	0%

Notes Figures may not add up to totals given due to rounding.
a/ See document DP/FPA/2000/CRP.4, table 3.
b/ Actual for 2000, provisional for 2001, planned for 2002 and projected for 2003.

39. The updated UNFPA income estimates for the MYFF 2000-2003 (see table 6) show a slight improvement from the estimates from last year. The Fund estimates that total resources will reach $1,434 million or 100 per cent of the original estimate for the MYFF period. An analysis of income estimates reveals that the share of income from regular resources is still declining while that from other resources continues to increase. This trend is a cause for concern. Income from regular resources accounted for 87 per cent of total contributions to UNFPA in 1999, 71 per cent in 2000, and as a percentage of total income dropped to 68 per cent in 2001. The ability to obtain other resources varies with countries. Many country programmes that are funded primarily from regular resources will be adversely affected by the declining trend in these resources, and will be under-funded by $233 million or 18 per cent of the original MYFF estimates. This shortfall in regular resources will reduce the Fund's ability to respond flexibly to the priority needs of the poorest countries.

40. The Fund may face a further decline in its regular resources, with a shortfall of about $80 million in its estimated income for 2002. This amount could have been programmed to provide over half of the needs for mass information campaigns meant for behaviour change for HIV/AIDS prevention. The same amount could pay for over 20 per cent of the condoms needed for STIs/HIV/AIDS prevention worldwide, or over 20 per cent of the costs to train half of all secondary school teachers to educate young people in HIV/AIDS prevention. The $80 million could prevent more than 3 million unwanted pregnancies and over 1.2 million induced abortions. It could avert over 7,000 maternal deaths and 117,000 infant and child deaths. The resource gap will have serious consequences in the achievement of the ICPD and ICPD+5 goals, and curtail the Fund's contribution to the achievement of the MDGs.

41. The update on resource mobilization efforts is presented in DP/FPA/2002/5. In 2001, UNFPA received 27 multi-year pledges, which is an increase from 20 in the previous year. Only five of the 16 major donors (i.e., those who contribute over $1.0 million a year) have pledged multi-year support, seriously affecting the predictability and sustainability of UNFPA regular resources and hampering the planning and implementation of country programmes to achieve results.

2. Resource distribution

Table 7 - Status of implementation of country resources by country category
Regular resources

Country category [a]	Decision shares [b] %	Share of actual/planned expenditures [c] %	
		2000-2001	2000-2002
A	67-69	65.3	66.3
B	19-21	20.9	21.1
C	7-9	8.0	7.2
T	3-4	4.1	4.1
O	1.5	1.8	1.3
Total		100.0	100.0

Notes: Figures may not add up to totals given due to rounding.
[a] Countries were classified in accordance with the resource allocation system updated in decision 2000/19.
[b] See decision 2000/19 and document DP/FPA/2000/14, table 5.
[c] Based on actual expenditures for 2000, provisional for 2001 and planned for 2002.

/...

42. The Executive Board has provided legislative norms for the distribution of programming funds to countries in the updated country classification system based on a country's level of achievement in reaching the ICPD goals (see decision 2000/19). The share of resources for category "A" countries, which include all least developed countries, and in general those furthest from attaining the ICPD goals, showed an increasing trend (see table 7) towards the range set for in the decision. The shares for the other country categories are also moving towards the designated target shares.

43. The Fund allocated 70 per cent of its programmable resources to assist countries in achieving their goals in reproductive health, and 17 per cent for achieving goals in obtaining a balance between population dynamics and socio-economic development. It is estimated that 13 per cent of the Fund's regular resources are allocated to specific programmes on gender equality and the empowerment of women. This estimate, however, does not capture gender mainstreaming in all programmes, so the actual amount allocated to gender equality is likely to be higher.

Table 8 - Allocations from regular resources for new projects by programme area [a] and by country category

Country category	Reproductive health (in percent)		Population and Development Strategies (in percent)		Advocacy (in percent)		Multi-sector activities (in percent)	
	2000-2001	2000-2002	2000-2001	2001-2002	2000-2001	2000-2002	2000-2001	2000-2002
A	72	68	21	20	5	10	2	2
B	63	78	27	10	6	10	4	2
C	76	60	16	16	6	20	2	4
T	76	73	15	16	5	5	4	6
O	48	53	45	31	2	9	5	7
All categories	70	70	22	17	5	10	2	3

Note: Figures may not add up to totals given due to rounding
[a] Programme area according to decision 2001/11

44. It should be noted, from table 8, that reproductive health continues to receive the largest share of resources in all countries. The share of resources to the other programming areas reflects the shift in allocations of resources from interventions in population and development to those in advocacy, a subprogramme area that is also a strategy of the MYFF. Country programmes that begin in January 2003 will adopt the common format for programmes issued by the United Nations Development Group (UNDG) in response to Executive Board decision 2001/11, including a results and resources framework. In time, this should lead to a closer link between resources and results. Some countries have already started to test out this framework in the planning of their country programmes. The Fund has also begun a pilot initiative to cost reproductive health programmes. The aim is to make costing methodology available throughout the Fund and particularly in country offices. According to the UNFPA coding system, in 2001 the Fund invested a large share, over two thirds, of its resources in building national capacity. As seen in table 8, there has been an increasing share of resources allocated to advocacy over the

MYFF period. Research activities, which feed directly into building a knowledge base, received over 5 per cent of resources. The coding system is being revised in 2002 to enable the Fund to report more accurately on the resources devoted to the MYFF strategies.

III. MANAGING FOR RESULTS

45. Since 2000, the Fund has placed a major emphasis on strengthening results-based management (RBM), taking a comprehensive approach to improving programmatic and organizational performance. The Fund's 2001 organizational priorities highlighted the MYFF as the guiding framework for all UNFPA operations. They stressed the responsibility of UNFPA staff in MYFF implementation and mainstreaming of a results-based approach in their daily work, recognizing that establishing an iterative learning process to improve performance requires a change in the organizational culture.

46. The transition process that began in 2001 laid the bases for a framework for managing change. A Field Needs Assessment Study (FNAS) carried out in June-July 2001 generated views and recommendations on the UNFPA vision and strategy, corporate culture and values, partnerships, functions and structure, and financial, information and human resource management. A transition team, consisting of staff members from the field and headquarters, has been tasked with designing an action plan geared towards efficiency and accountability in achieving a common strategic direction. This includes organizational realignment for enhanced support to field operations; development of knowledge sharing and human resources strategies to increase organizational capacity; and improving financial planning, implementation and monitoring.

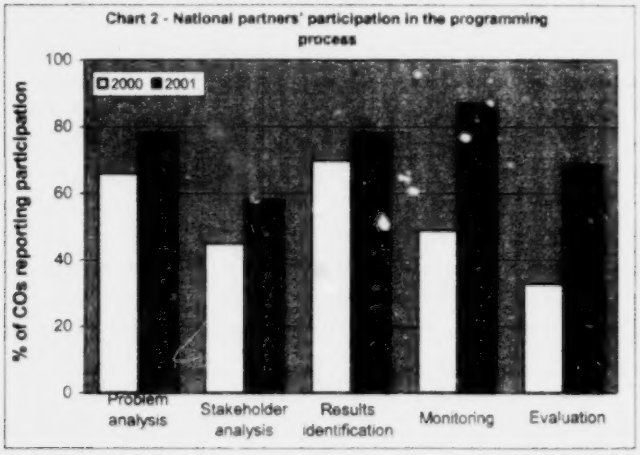
47. In order to improve the collective performance of the Fund, including the quality of support provided to country offices, a survey on how country offices are managing for results was carried out in 2001 for the second consecutive year. This will be integrated as a regular feature into country office annual reporting. The following analysis is based partly on the survey responses received from 67 country offices.[1]

48. Programme management. Mainstreaming RBM provided a focus for building capacity in programme management, including the use of the logical framework (logframe) for programme development, monitoring, evaluation and reporting. The Fund continued to develop skills in these areas by ensuring that staff received programme management training. Country offices report that 84 per cent of their programme staff have now received training in the use of the logframe, compared to 74 per cent in 2000. An international workshop in January 2001 for Country Technical Services Team (CST) advisers focused on building a common understanding of RBM, and the ability to facilitate learning sessions with country office staff and national

[1] Seventy-nine countries responded to the survey in 2000, and 98 countries responded in 2001. The percentages mentioned in the text refer to the 67 countries that responded in both 2000 and 2001, and are thus comparable.

partners. An orientation guide on RBM has helped to further enhance the country offices capacity to engage national partners in managing for results. An increasing number of countries reported monitoring plans based on the logframe, but this investment in results-oriented programme management has yet to be systematically translated into quality programme implementation and effective monitoring.

49. UNFPA accords high priority to building national capacity and enhancing national ownership. Chart 2 below shows that country offices report increased partnership with nationals at all stages of programming, reflecting strides towards ensuring greater national ownership of programmes and achievement of results. In particular, there is a significant improvement in national involvement in programme monitoring and evaluation.



50. These partnerships contributed to the joint realization that data are crucial to monitor results, and led to an increase in the establishment of baselines for programme indicators. Forty-three per cent of responding countries now have data for more than half of all their country programme indicators, compared to 39 per cent last year.[2] Data availability still remains a significant challenge, as only three reporting countries have baseline data for all of their indicators. The Fund will prioritize the improvement of data collection and analysis for programme monitoring.

51. Information management. UNFPA embarked on an initiative to ensure that country offices have basic connectivity to share programme and management information with national partners, donors, other offices and headquarters. Most country offices reported always sharing

[2] Percentages were generated from a sample of 58 country offices with a country programme (out of a possible 90) that responded in both 2000 and 2001.

evaluation findings with national counterparts and headquarter units, but only sometimes with donors, and rarely with other country offices. Over 60 per cent of respondents report that an office database for knowledge sharing exists or is under development, and more than two thirds have their own web page or are currently developing one. Connectivity remains a concern in several category "A" countries where weak infrastructure and conflict and/or emergency situations constrained access to information technology.

52. During 2001, UNFPA initiated a population and reproductive health Internet portal on the World Bank development gateway to promote information and data sharing and forge new cooperation among stakeholders. The portal will provide access to population information resources, and share lessons learned from population and reproductive health programme experience among a broad range of constituents and stakeholders.

53. Financial resources management. Given the decline in the share of core resources, the Fund encouraged country offices to engage national and international partners at the country level in mobilizing resources for programmes. These efforts resulted in a rise in the number of programme countries contributing to UNFPA core resources. An increasing number of programme countries are opting for cost-sharing arrangements.

54. The current methods for forecasting, planning and control of programme expenditures are cumbersome and generate significant work for both country office and headquarter staff. In 2001, the Fund initiated a review of financial procedures to streamline and simplify them. This will lead to improved financial effectiveness and lay a solid foundation for developing the Enterprise Resource Planning System, a long-term, comprehensive solution towards integrating results and resource management.

55. Human resources management. The Fund is building its capacity in performance management by emphasizing team-building, and individual and collective responsibility for achieving results. It is engaged in a transformation of its human resource management through the development of a comprehensive strategy that is flexible and responsive to changing needs. For example, in 2001 UNFPA, in collaboration with the World Bank Institute, introduced a learning programme to build UNFPA staff capacity to advocate for and provide high quality support to integrating ICPD goals and ICPD+5 key actions into PRSPs, SWAps and sector reforms. To strengthen its leadership in advancing the ICPD Programme of Action, the Fund recognizes that it has to attract, develop and retain a dedicated, highly competent and committed workforce. This calls for a close examination of the profile of staff and the competencies that the Fund needs to develop in order to achieve results. The design of a new human resource strategy was initiated in 2001 for presentation to the Executive Board at the second regular session in 2002 .

IV. KEY CONSIDERATIONS FOR FUTURE IMPLEMENTATION OF THE MYFF

56. The following key considerations emerge from lessons learned in MYFF implementation, issues identified in annual reports, and recommendations from the initial stages of the UNFPA transition process.

57. Overall, UNFPA should further strengthen its leadership role in implementing the ICPD Programme of Action and the ICPD+5 key actions, including through increased visibility of the Fund's achievements. This also includes the adoption of a common strategic direction that reflects changes in the external environment and stakeholder views, builds on the comparative advantages of the Fund, and uses lessons learned to most effectively meet ICPD goals.

58. UNFPA must strengthen programmatic and operational partnerships with other development agencies and a broader range of government and NGO actors at national and local levels in the context of poverty reduction. This should include promoting the role of civil society in contributing to national development initiatives.

59. UNFPA must build staff capacity to promote the ICPD Programme of Action and ICPD+5 key actions in national and sectoral development frameworks, including PRSPs, SWAps and sector reform, and to participate effectively in national policy and planning initiatives and the UNDAF. This will ensure that resources are efficiently used to contribute to demonstrable changes in reproductive health, gender equality and women's empowerment, and poverty reduction.

60. In 2002, to guide programme formulation and to strengthen ICPD implementation and the attainment of the MDGs, UNFPA should continue to refine its approach to issues of cultural values and diversity. This would include strengthening dialogue and collaboration with a wider range of groups, including religious and cultural partners.

61. Gender equality and women's empowerment are fundamental to poverty reduction. UNFPA should continue to emphasize the role of gender in sexual and reproductive health and promote male involvement in programmes. The Fund is committed to work with partner agencies to improve monitoring of gender issues, and to build more effective programme strategies for change.

62. Efforts will continue to be made to strengthen the timely procurement and distribution of a range of reproductive health commodities, paying special attention to building national logistics management and monitoring capacity, and to increasing access to commodities and services within different cultural contexts. This would contribute to improving the quality of reproductive health services, and to strengthening HIV/AIDS prevention, both priorities for the Fund.

63. UNFPA should continue to promote results-based monitoring and evaluation practices, including the establishment of baselines in new country programmes and monitoring systems for all programmes. The Fund should also strengthen the capacity of UNFPA staff and national partners to adopt a results-based approach to programme and office management, including capacity for strategic thinking, planning and management, and for costing programme outputs.

64. There is a serious lack of reliable data at national and sub-national levels. Substantial investment in data collection and analysis by the entire development community is therefore essential for evidence-based policy formulation and informed decision-making. Capitalizing on its comparative advantage, UNFPA will support partners in building national data and management information systems; establishing mechanisms to promote knowledge sharing, including the collection and use of lessons learned; and improving communications systems.

65. The joint identification and monitoring of shared results may imply less focus on the detailed attribution of particular results to individual agencies, but it does not mean a lessening of accountability. UNFPA, like other agencies, must show that its resources make a significant difference in producing results, i.e., that there is a logical, evidence-based relationship between resource use and the achievement of results. In certain circumstances – for example, basket funding in the context of a SWAp – this may mean that UNFPA contributes to a medium-term outcome but is not wholly responsible for a particular output.

66. UNFPA will carefully monitor its experience in programming in the changing development environment and will make any needed modifications of the MYFF results framework in the next cycle. The definition of a common strategic direction for the Fund in 2002 will also feed into the refinement of the next MYFF.

67. So far the MYFF has not succeeded in increasing regular resources and has only partially succeeded in attracting multi-year pledges. Clearly, an increase in the level, predictability and sustainability of regular resources is essential for UNFPA and national partners to successfully implement country programmes and achieve desired results in reducing poverty and attaining the ICPD goals and the MDGs. The Executive Board is requested to urgently address this issue.

Annex

At-A-Glance: An Illustration of Strategies Used to Achieve MYFF Outputs

MYFF Goal 1: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

MYFF Output 1: Increased availability of comprehensive reproductive health services			
Strategies	**Key Activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Awareness raising with influential political, community and religious leaders • Multi-media campaigns on selected RH issues targeting specific groups • Public dissemination of promotional materials on RH services	• High-level commitment to priority issues such as HIV/AIDS, especially in SSA[1] • Expansion of services to those with special needs, e.g., adolescents and emergency survivors • Gradual shift from vertical FP services to integrated RH programmes	• Crucial to involve community and political leaders in community mobilization activities to increase demand for services • Increase and diversify RH service entry points for adolescents and others • Synergy between IEC/behaviour change communication activities and targeted RH services is important
STRENGTHENING NATIONAL CAPACITY	• Training needs assessments for health, community and outreach workers • Development of training manuals and training for health workers in full range of RH services2 • Establishment of RH clinics for refugees and youth	• Common minimum standards set for integration of RH services in SDPs3, as in Cameroon • Increase in ANC, PNC, assisted delivery, FP and STI consultations • Community-based RH services available to special groups such as refugees and youth in SSA and Asia	• Shortage/high turnover of qualified health personnel, concentration in urban centres, instability and security issues adversely affect RH service availability to poor • Community-based services, especially in rural areas, essential to expand RH service availability to the poor
BUILDING AND USING A KNOWLEDGE BASE	• Dissemination of DHS and other surveys • Research into ASRH needs and STI/HIV/AIDS prevention in SSA • Needs assessment for EmOC in SSA • Establishment of RH baselines including health records data	• Increased number of countries that can monitor progress in RH outcomes • Improved STI/HIV/AIDs prevention services for adolescents • Information on availability, utilization and quality of EmOC known in selected countries	• Lack of reliable data on many RH issues to inform programme design and measurement • Insufficient research to design and monitor appropriate evidence-based programmes • Insufficient investment in RH services other than FP • Legacy of vertical programmes contributes to resistance to integrated reproductive health approach
PROMOTING, STRENGTHENING AND COORDINATING PARTNERSHIPS	• Collaboration with local governments and community-based groups in context of decentralization • Partnership with donors, United Nations agencies, governments in PRSP, SWAps, HSR and UNDAF • Establishment of national multi-sectoral RH task forces • Development of RH policy and operations	• Increased involvement of community groups, NGOs and private sector in RH service provision • Integration of RH issues into PRSPs, SWAps, health sector reform (HSR) and UNDAFs • National RH policies and actions in SSA	• Outreach initiatives must have referral links for effective services, especially for youth • Strengthen coherence and range of partnerships to integrate RH into national development frameworks and MDGs

1 SSA: Sub-Saharan Africa.
2 Reproductive Health (RH) services such as Family Planning (FP), Emergency Obstetric Care (EmOC), Antenatal Care (ANC), Postnatal Care (PNC), Sexually Transmitted Infections (STIs), Violence Against Women (VAW), including Adolescent Sexual and Reproductive Health (ASRH).
3 SDP: Service Delivery Points include health units which provide the range of primary health care services, including private as well as public facilities.

MYFF Goal 1: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

MYFF Output 2: Improved quality of reproductive health services			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Approval and utilization of RH norms and protocols • Awareness creation among high level health officials and political leaders for RH quality services	• Many countries in SSA and Central Asia adopted RH standards and protocols • Several countries, e.g., Armenia and Madagascar, launched contraceptive security studies • Countries, e.g., Fiji, increased own contribution to meet their contraceptive needs	• Strengthen national commitment to RH commodities and services for sustainability • Address demand for and satisfaction with services • Audience segmentation and message specification are critical to effective advocacy
STRENGTHENING NATIONAL CAPACITY	• Rapid assessment of RH programme management needs, including EmOC • Development of RH guidelines, materials, standards and protocols • Training in use of RH clinical protocols, standard service guidelines, and RH management • Promotion of COPE[1] approach to improve attitude of RH service providers • Provision of RH commodities equipment and supplies	• Increased understanding of essential elements in quality of RH care • Supervisory guidelines/ checklists for clinic and community-based services available in countries, e.g., Mauritania and Tanzania • Increased number of health workers with life-saving skills related to EmOC • Referral systems improved to enable SDPs to provide emergency services, sometimes on 24-hr basis, as in Ethiopia • Improved attitude by RH service providers • Increased capacity to offer RH commodity choice	• Guidelines, training of trainers, and quality of care assessment significant factors in improved quality of services • Some protocols still limited to FP • Frequent staff turnover limits the transfer of knowledge and sustainability in quality of care • Improving access to transportation critical for EmOC • Training does not always lead to high quality services; need to measure impact of training, and improve institutional systems • Attitude as important as skills in ensuring client-oriented approach • Build commodity security at country level to minimize effect of donor withdrawal • Security issues and fuel shortages increased stock-outs, especially in rural areas
BUILDING AND USING A KNOWLEDGE BASE	• Surveys on client satisfaction, access for adolescents and men, RH logistics management • Establishment of baselines for RH quality care within government system • Inventories of RH equipment and supply needs • Development of logistics MIS	• Areas for improvement identified in monitoring and reporting on specific RH services • Reliable RH data available in health structures • More effective monitoring of client-oriented services • Staff able to monitor RH commodity flows	• Need for increased investment in qualitative and quantitative data generation, analysis and dissemination
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Joint activities with private sector and NGOs to standardize RH services • RH task forces to meet RH needs, including ASRH	• More efficient use of resources to build client/provider partnerships • Intersectoral networks for adolescents and youth and increased outreach to rural communities	• NGOs and private sector important RH services suppliers – need to standardize quality of services

[1] COPE: Client Oriented Provider Efficient

MYFF Goal 1: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

MYFF Output 3: Improved environment for addressing practices that are harmful to women's health			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Strengthening skills of women's and advocacy organizations • Awareness raising and workshops with civil society, especially community and religious organizations, on VAW, female genital cutting (FGC), etc. • Encouragement of public dialogue with government around policy • Use of key events, World Population Day and International Women's Day, for RH/gender advocacy	• Sustained monitoring of laws and policies • Recognition of gender discrimination and VAW by traditional and religious leaders, as in Sudan • Amendments to policies and reproductive rights law in Kyrgyzstan and Tajikistan • Creation of multisectoral Violence Against Women councils • Increased media articles on RH, gender, youth issues	• Build advocacy capacity of civil society, women's and men's organizations • Involve local, religious and cultural leaders and organizations to improve environment • Cultural resistance to change requires long-term programme investment • Increase government/NGO consultations • Work on several fronts simultaneously in addressing issues such as VAW
STRENGTHENING NATIONAL CAPACITY	• Training for community groups, government officials on gender issues and VAW • Capacity building for women's and community groups for advocacy against early marriage, FGC, in SSA and South Asia • Preparation and dissemination of VAW protocols • Preparation of BCC/IEC strategies on VAW	• Increased capacity of community groups to advocate against VAW and increased receptivity of government officials • Improved community monitoring of government efforts • Clinics and outreach services equipped to deal with VAW • Development of national policies and action plans to promote gender equality	• Capacity-building must address gender issues • Policies to address harmful practices need to be monitored and enforced
BUILDING AND USING A KNOWLEDGE BASE	• Research on impact of social and cultural norms on harmful practices • Use of research for policy and programme planning • Elaboration of IEC materials on key issues	• Improved knowledge base on influence of community and family norms and practices on RH • Improved evidence-based IEC materials	• Sound knowledge base on harmful practices necessary to identify effective strategies • Cultural norms often increase risks to women's health • Inadequate information dissemination on VAW, FGC, obstetric fistula
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Joint initiatives with government, NGOs, police, religious leaders, and women's groups • Fostering of partnerships with government and UNIFEM against VAW • Support to NGOs to pilot VAW programmes. Formation of youth advocacy groups • Promoting role of parliamentarians in addressing VAW at regional level	• Strengthened networks of governments and civil society, including women's organizations, for addressing harmful practices • Mobilization of inter-agency task forces on gender issues and VAW • Increased commitment to addressing VAW in East and South-East Asia and the Pacific	• Multisectoral partnerships essential to prevention and management of harmful practices • Support of parliamentarians crucial to sustainability

MYFF Goal 2: There is a balance between population dynamics and social and economic development

MYFF Output 4: National development plan and sectoral plans in line with ICPD Programme of Action			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Public awareness building on ICPD PoA, and integration into national plans • Network building and establishment of multisectoral, inter-disciplinary teams • Policy dialogue for revisions to national and sectoral plans • Policy dialogue for inclusion of ICPD PoA in UNDAFs, PRSPs, SWAps, HSR	• Increased awareness and commitment to ICPD PoA and integration into development policy and plans • Approval of laws on reproductive rights for first time in Central Asian countries • Increased instances of sectoral plans taking ICPD PoA into account • Increased instances of UNDAFs, PRSPs, SWAps, HSR taking ICPD PoA into account	• Use evidence-based arguments for policy dialogue and strategic planning • Build on areas of common agreement in RH agenda • Improve costing skills and economic arguments • New development frameworks provide important locus for ICPD advocacy
STRENGTHENING NATIONAL CAPACITY	• Support to national population experts through workshops, seminars, conferences, training, fellowships • Capacity-building in strategic and gender planning and management, and logistics management	• Guidelines and manuals for integrating population variables into development programmes • Integration of ICPD goals and MDGs into national development databases • Systems in place for monitoring achievement of ICPD goals	• Human resource planning critical to development planning in line with ICPD PoA • Improve costing and gender budgeting skills
BUILDING AND USING A KNOWLEDGE BASE	• Joint assessment of capacity and data monitoring needs • Definition of performance indicators for national and sectoral plans • Development of databases to monitor progress in implementation • Production of materials, documents, textbooks	• Key indicator data more widely available • Strengthened national programmes and initiatives in line with national plans	• Building integrated national data system and capacity to monitor essential for evidence-based data for policy and planning
PARTNERSHIPS STRENGTHENING AND COORDINATING PARTNERSHIPS	• Partnerships with United Nations and other agencies in data collection and analysis • Leveraging support for national data collection, including censuses • Support to NGO participation in planning • Support to multisectoral government mechanisms	• Improved coordination of partnerships in promoting ICPD PoA	• Ensure ICPD PoA integrated into new strategic development frameworks, such as SWAps, PRSPs

MYFF Goal 2: There is a balance between population dynamics and social and economic development

MYFF Output 5: Increased availability of sex-disaggregated population-related data			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Outputs**	**Constraints/Lessons Learned**
ADVOCACY	• Advocacy for inclusion of gender data in censuses, databases and monitoring systems • Support for use of sex-disaggregated population data in policy formulation • Dissemination of statistical data, including through web sites	• Consensus on key gender-sensitive indicators and data gaps • Gender issues highlighted development policies and plans and budgets • Securing of funding for censuses	• Governments need to give greater priority to sex-disaggregated data collection and analysis for gender planning and budgeting • UNFPA important role in leveraging census funding
STRENGTHENING NATIONAL CAPACITY	• Capacity-building for census data collection and use of sex-disaggregated population data for gender-sensitive demographic projections • Upgrading technology and technical facilities • Dissemination of sex-disaggregated IEC materials, data to statistical departments, schools, and health centers	• National censuses in some countries, including first in Armenia and Lithuania • MIS incorporating sex- disaggregated data developed • Improved monitoring of national RH programmes • Improved research capability in gender issues and needs • Poverty monitoring systems based on sex-disaggregated data developed	• Ensure coordination of donor community in national capacity needs assessment and targeted capacity building efforts • More concerted efforts to orient policy makers and planners to use sex-disaggregated population data in development planning and budgeting • Need to strengthen national capacity to monitor RH in context of MDGs
BUILDING AND USING A KNOWLEDGE BASE	• Support for management of databases information and monitoring systems • Development of monitoring systems for sex-disaggregated indicators • Support to researchers for data collection and analysis • Support to policy makers for analysis and use of census data	• Sex-disaggregated, integrated databases and indicator monitoring systems developed • Manuals, standards for data collection developed • Sex-disaggregated census and DHS data published and used	• Still inadequate availability and use of sex-disaggregated data
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Partnerships among line ministries, local governments, researchers, NGOs for use of sex-disaggregated data in policies and programmes • Collaboration among UNFPA, UNDP and UNICEF, under UNDAF	• Joint databases developed • Joint monitoring of socio-demographic indicators • Increased collaboration in developing national RH programmes	• Collaboration among all key stakeholders essential for effective collection and use of sex-disaggregated data

MYFF Goal 3: Gender equality and empowerment of women are achieved

MYFF Output 6: Increased information on gender issues			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons learned**
ADVOCACY	• Mobilizing the media on gender issues, women's and girl's rights • Working with men to promote male responsibility and awareness • Publication of IEC booklets, posters, leaflets, songs on gender issues • Integration of gender issues into key events such as World Population Day	• More positive views on gender equality in specific contexts • National advocacy/BCC strategies developed • Inclusion of gender issues in awareness-building activities • Gender issues more visible to population	• Gender equality and women's empowerment issues tend to be marginalized • Focus on improving men's receptivity to gender issues • Male religious and community leaders can be effective advocates of gender equality • Build more effective partnerships with entertainment media to reach wider audience including men • Involvement and support of parents and communities key to success of school-based RH education
STRENGTHENING NATIONAL CAPACITY	• Production of gender planning manuals and educational materials • National capacity-building in gender issues; gender-sensitive RH; and service provision to survivors of gender-based violence • Dissemination of IEC materials on gender issues • Establishment of legal clinics for women	• Inclusion of RH and gender issues in secondary curricula • National gender equity plans developed • Inclusion of gender goals and gender sensitive strategies in national and sectoral policies and plans • Operational guidelines for integration of gender analysis in development • Institutional structures for women's affairs, such as Ministry for Women in Dominican Republic	• Build on Fund's investment in population education • Increase skills in gender planning and budgeting • Develop skills and strategies to deal with specific gender issues, e.g., VAW, fistula • Support monitoring of institutional mechanisms and plans for gender responsiveness
BUILDING AND USING A KNOWLEDGE BASE	• Training on data collection, analysis and dissemination on gender issues • Research on women, youth and HIV/AIDS, VAW, HSR with gender perspective, and perceptions of policy makers, men and youth on gender	• Statistics and indicators on girl schooling and performance • Information about gender issues, including VAW, made available	• Comprehensive sex-disaggregated knowledge base essential for evidence-based information campaigns • Inadequate use of NGO data and knowledge on gender issues • More research on male perspectives
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Collaboration with government ministries, civil society, donors, media for providing information on gender issues • Promote best practices with donors and governments on VAW, early marriage, HIV/AIDS • Collaboration with civil society, community and religious organization, for dissemination of laws on VAW • Collaboration with United Nations agencies for provision of information on gender issues	• Increased involvement of NGOs, women's associations, private sector groups in dissemination of information on gender • Improved government/NGO coordination on monitoring on gender issues • Information on gender issues used to monitor follow-up on Beijing Platform of Action • Strategic plans for United Nations Gender Theme Groups	• Need greater NGO and government synergy to promote gender issues • Extend collaboration with male-led and mainstream organizations and networks

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